

WIOA Worksite Agreement Number: \_\_\_\_\_

**Part III: WIOA Trainee Time Sheet****Trainee Information**

Trainee Name: \_\_\_\_\_ Participant ID: \_\_\_\_\_

WIOA Program: ☐ Adult ☐ DLW ☐ In School Youth ☐ Out of School YouthWIOA Funding Stream: ☐ Formula ☐ Other: \_\_\_\_\_ Wage Rate: \$\_\_\_\_\_

Worksite: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

WIOA Authorized Representative/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Pay Period: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Week 1 (mm/dd)		In	Lunch Period (if taken)		Out	Total Time Worked	
			Out	In		Hours	Minutes
Sunday	/						
Monday	/						
Tuesday	/						
Wednesday	/						
Thursday	/						
Friday	/						
Saturday	/						
Total Time Worked / Week 1 =							

Week 2 (mm/dd)		In	Lunch Period (if taken)		Out	Total Time Worked	
			Out	In		Hours	Minutes
Sunday	/						
Monday	/						
Tuesday	/						
Wednesday	/						
Thursday	/						
Friday	/						
Saturday	/						
Total Time Worked / Week 2 =							

Week 3 (mm/dd)		In	Lunch Period (if taken)		Out	Total Time Worked	
			Out	In		Hours	Minutes
Sunday	/						
Monday	/						
Tuesday	/						
Wednesday	/						
Thursday	/						
Friday	/						
Saturday	/						
Total Time Worked / Week 3 =							

Total Time Worked / Pay Period =							
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*I certify that the Trainee time and attendance information for the pay period is correct.*

Trainee Signature \_\_\_\_\_

Date \_\_\_\_\_

Worksite Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

WIOA Representative Signature \_\_\_\_\_

Date \_\_\_\_\_